CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

Apri114, 2015

Chairperson:	Margarita de Ia Garza-Grahm, M.D.
CMHCC Members Present:	Lannette Linthicum, M.D., CCHP-A, FACP, Harold Berenzweig, M.D., Edward John Sherwood, M.D., Cynthia Jumper, M.D., Patricia Vojack, JD, MSN, Mary Annette Gary, Ph.D., Steffanie Risinger Campbell, M.D., Ben Raimer, M.D., Elizabeth Anne Linder, Ed.D.
Partner Agency Staff Present:	Bryan Collier, Ron Steffa, Marsha Brumley, Natasha Mills, Myra Walker, Charlene Maresh, Robert Williams, M.D., Texas Department of Criminal Justice; Beverly Echols, Susan Morris, M.D., Anthony Williams, Stephen Smock, Lauren Sheer, Stephanie Zepeda, Pharm.D., Owen Murray, DO., UTMB; Denise DeShields, M.D.,TTUHSC
Others Present:	Terrell McCombs, Texas Board of Criminal Justice; Jimmy Blanton, Health & Human Services
Location:	Price Daniel Building, 209 W. 14th St., Suite 500, Austin, Texas

Aeenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - Margarita de Ia Garza-Grahm	Dr. de la Garza-Grahm called the Correctional Managed Health Care Committee (CMHCC) meeting to order at I:00 p.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.		
II. Recognitions and Introductions	Dr. de Ia Garza-Grahm acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment.		
- Margarita de Ia Garza-Grahm	Dr. de Ia Garza-Grahm acknowledged the attendance of Terrell McCombs, Vice-Chairman, Texas Board of Criminal Justice and Jimmy Blanton , Health and Human Services Commission.		
III. Approval of Consent Items - Margarita de Ia Garza-Grahm	Dr. de Ia Garza-Grahm thanked and welcomed everyone for being in attendance.		
o Approval of Excused Absences	Dr. de Ia Garza-Grahm noted approval of excused absence for Dr. Elizabeth Linder.		Dr. Ben Raimer made a motion to approve the excused absence and Dr. Jumper seconded the motion which prevailed by unanimous vote.

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III. Approval of Consent Items (Cont.) o Approval ofCMHCC Meeting Minutes - December 9, 2014	Dr. de la Garza-Grahm stated the next item on the agenda was the approval of the Minutes from the meeting held on December 9, 2014.		Dr. Raimer made a motion to approve the minutes and Dr. Jumper seconded the motion which prevailed by unanimous vote.
o Approval ofTDCJ Health Services Monitoring Reports	Dr. de Ia Garza-Grahm stated that next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.		Dr. Lannette Linthicum made a motion to approve the TDCJ Health Services Monitoring Reports and Dr. Raimer seconded the motion which prevailed by unanimous vote.
o University Medical Director's Reports - UTMB - TTUHSC	Dr. de Ia Garza-Grahm stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director's Reports.		Dr. Raimer made motion to approve the University Directors Reports and Dr. Linthicum seconded the motion which prevailed by unanimous vote.
o Summary ofCMHCC Joint Committee/ Work Group Activities	Dr. de la Garza-Grahm stated the next item on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.		Dr. Raimer made a motion to approve the Summary of CMHCC Joint Committee / Work Group Activities and Dr. Linthicum seconded the motion which prevailed by unanimous vote.
IV. Update on Financial Reports	Dr. de la Garza-Grahm called on Charlene Maresh to present the financial report.		
- Charlene Maresh	Ms. Maresh reported on statistics for the First Quarter of Fiscal Year (FY) 2015, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 50. Funding received by the universities was $134.6 million dollars.		

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IV. Update on Financial Reports (Cont.)	The report also shows the expenditures broken down by strategies. Unit and psychiatric care expenses make up the majority of health care costs at 53.9 percent, for a total of$75.7 million dollars. Hospital and clinical care accounts for 35.6% of total expenditures at a cost of$50.1 million. Pharmacy services makes up 10.5 % of total health care expenditures at a cost of$14.8 million dollars. The average service population is 149,804 which is a slight decrease from FY 2014. The offender population age 55 and over continues to grow with an increase of6.1% from FY 2014. The average daily census is 15,889 making up 10.6% of total service population and accounts for 38.1 percent of total hospital costs. The average mental health inpatient census is 1,873 of the total service population. The average mental health outpatient census is 19,641 of the total service population. The average health care cost is $10.32 per offender, per day, which is a 1.1% percent increase from FY 2014 which was $10.21. The Texas Department of Criminal Justice (TDCJ) has made final payment to University of Texas Medical Branch (UTMB) to cover FY 2014 expenses in the amount of$11.6 million dollars, this was a spend forward approved by the Legislative Budget Board (LBB) from FY 2015 to FY 2014. Dr. de la Garza-Grahm thanked Ms. Maresh then called on Dr. Linthicum to report TDCJ's critical vacancies.		

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V. Summary of Critical Correctional Health Care Personnel Vacancies -Dr. Lannette Linthicum	Dr. Linthicum reported that the position of Director III, Chief Nursing Officer still remained vacant and that a meeting will be held with the Director of Human Resources to discuss what alternatives are available to assist with getting the position filled. Dr. Linthicum noted that there were two Health Specialist V psychologist positions vacant within the Office of Mental Health Monitoring & Liaison. Dr. Linthicum reported that the selected applicant for the position of Health Services Specialist V – Intelligence Testing will oversee the IQ Testing that is done by the classification staff acting as clinical supervisor. Interviews had been conducted and selection of the chosen candidate was pending. Dr. Linthicum explained that the selected applicant for the position of Health Services Specialist V – Office of Mental Health Monitoring and Liaison will be involved in the contract monitoring of Mental Health Services and that the position posting had been extended. Dr. Linthicum reported that after retirement of one of the registered nurses in the Office of Health Services Monitoring, interviews were conducted and an applicant had been selected for the position. Dr. Linthicum further noted that the Office of Public Health LVN – HIV Coordinator had tendered her retirement so the position will be posted to begin the recruiting process to fill the position. Dr. de Ia Garza-Grahm then called on Dr. DeShields to report on TTUHSC's critical vacancies. -Dr. Denise DeShields Dr. DeShields reported that it has been difficult to fill the vacant medical director position at the Smith Unit. TTUHSC is aggressively continuing recruitment efforts by utilizing recruiting agencies, media search engines, local and national publications, and both military and civilian Graduate Medical Education (GME) Programs to recruit		

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V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)	applicants. The position is being filled by local tenens until it can be permanently filled. Dr. DeShields also announced that the clinical medical director's position at Clements Unit had been filled.	Dr. de la Garza-Grahm requested a report on the amount of money used on local tenens used to fill the medical director's position at the Smith Unit, compared to what it would cost to raise the position salary to market value. Dr. Raimer inquired if the position qualified for loan repayment. Dr. DeShields responded yes, this is one of the recruiting tools utilized to try to recruit applicants.	
- Dr. Owen Murray	Dr. de le Garza-Grahm then called on Dr. Murray to report on UTMB's critical vacancies. Dr. Murray advised that the Director of Hospital Administration position was vacant and UTMB had been actively recruiting for the position. Interviews will be held at the end of April. Dr. Murray further reported that from a critical vacancy perspective, the lack of nurses is a continued concern for care of offender patients. The McConnell Unit, one of TDCJ's largest facilities is currently 25 to 30 percent vacant of nursing staff. UTMB's Director ofNursing is continuing recruiting efforts, but what is now being seen is that the secondary labor market has been ran through. In the past, these positions were at 80 to 90 percent filled and now the number has slipped down to about 50 percent, and in areas such as Beeville where the McConnell Unit is located, there is no access to temporary labor. With lack of nursing and health care staff, infmnary patients could not be assigned to the facility. Patients would need to be relocated which would create a situation where the state would end up paying more for prison health care. Recruiting efforts for dental and mental health care professional positions have also grown difficult.		

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V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)	Dr. Murray further reported that even though career options and retirement plans are attractive to health care professionals, it is difficult to remain competitive and retain employees with salaries that are 15 to 20 percent below market value. This is already being seen in larger facilities that have infirmaries as well as areas such as Huntsville that have a larger number of offender patients. Dr. Murray reported that the plan is to provide information at the upcoming June meeting of what is being spent on overtime by the agency, comparing this year's expenses to those of the last three to four years. The secondary labor market cannot be continuous in attempting to **fulfill** our prison health care needs. The state is spending more money overworking the secondary labor market. Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report.	Mr. McCombs asked what state benefits were offered, and inquired on how they compared to those offered to nurses in the private sector. Dr. Murray responded that one of the biggest benefits is the Teachers Retirement System (TRS), lifetime medical benefits that are received after being employed for a certain number of years, and employees also receive longevity pay. Dr. de Ia Garza-Grahm asked what amount of time an employee must work to receive those benefits. Dr. Raimer responded that they must meet the Rule of 80; age and years of service worked for the agency must equal 80.	
VI. Medical Director's Updates	Dr. Linthicum began by explaining that the deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the First Quarter of FY 2015, (September, October, November), Operational		

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VI. Medical Director's Updates (Cont.) • TDCJ- Health Services Division FY 2015 First Quarter Report - Lannette Linthicum, MD o Operational Review Audit	Review Audits (ORAs) were conducted on nine facilities: Cleveland, Daniel, Ramsey, Roach Intermediate Sanction Facility {ISF), Rudd, San Saba, Smith, Stringfellow, and Vance. There were also ORAs closed during this quarter for 15 facilities: Bridgeport Pre-Parole Transfer (PPT), Daniel, Formby, Garza East, Garza West, Hamilton, Hobby, McConnell, Marlin, Polunsky, Rudd, Stevenson, Wallace, Ware and Wheeler. Dr. Linthicum referred to the seven items found to be most frequently below 80 percent compliance.	Dr. Berenzweig asked how Tuberculosis (TB) patients are recognized. Dr. Linthicum responded that if an offender is diagnosed after 42 days of being in TDCJ, the case would be attributed to TDCJ. However, if the offender has been diagnosed before 42 days, the case is attributed to the county jail. All offenders undergo TB testing annually on the anniversary date they entered TDCJ, this is part of our surveillance. Department of State Health Services (DSHS) also has a full time Health Technician who monitors all 109 facilities so at any time a report can be provided on facilities that are out of compliance. Dr. Raimer inquired if once a corrective action plan has been developed to provide a potential solution to facilities out of compliance, if the information is shared among all facilities. Dr. Linthicum responded that the Joint Infection Control Committee which consist of representatives from TDCJ, UTMB, and TTUHSC work together jointly to collaborate on these issues and develop policies. These policies are then discussed among the System Leadership Council (SLC) and disseminated throughout all ofthe facilities.	
o Capital Assets Monitoring	Dr. Linthicum next reported that the same nine units listed above were audited and determined to be in compliance range for capital assets.		

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VI. Medical Director's Updates (Cont.) o Grievance and Patient Liaison Correspondence	Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the First Quarter of FY 2015, the PLP and the Step II Medical Grievance Programs received 3,105 correspondences. The PLP received 1,646 correspondences and Step II Medical Grievance received 1,459. There were 400 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were nine percent and five percent forTTUHSC.		
o Quality Improvement (QI) Access to Care Audit	Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 37 Sick Call Request Verification Audits conducted on 37 facilities. A total of288 indicators were reviewed and 26 of the indicators fell below 80 percent compliance.		
o Office of Public Health	Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 806 cases of Hepatitis C identified for the First Quarter FY 2015. There were 16,543 intake tests and 115 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the First Quarter FY 2015, 16,543 offenders had intake test and **115 were HIV positive . Five new Acquired** Immunodeficiency Syndrome (AIDS) cases were identified in the First Quarter FY 2015 compared to 19 new AIDS cases identified during the Fourth Quarter FY 2014. 197 cases of suspected Syphilis were reported in the First Quarter FY 2015. 33 of those required treatment or retreatment. 208 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2015. Dr. Linthicum advised that there was an average of 14 Tuberculosis (TB) cases under active management for the First Quarter FY 2015. Dr. Linthicum next reported the activities of the Sexual		

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VI. Medical Director's Updates (Cont.)	Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the First Quarter FY 2015,21 training sessions were held and 288 medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 187 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 70 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault. Dr. Linthicum noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 19,426 offenders attended classes presented by educators, this was an increase from the Fourth Quarter FY 2014 of 18,054. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 142 offenders trained to become peer educators. This is a decrease from the 233 offenders trained in the Fourth Quarter FY 2014.		
o Mortality and Morbidity	Dr. Linthicum reported that there were 99 deaths reviewed by the Mortality and Morbidity Committee during the First Quarter ofFY 2015. Ofthose 99 deaths, 7 were referred to peer review committees for further review.		
o Office of Mental Health Monitoring & Liaison	Dr. · Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the First Quarter ofFY 2015. Administrative Segregation (Ad Seg) audits were conducted on 19 facilities. 3,253 offenders were observed 2,754 were interviewed and 6 offenders were referred to the university providers for further evaluation. One of the 18 facilities fell below 100 percent compliance while the remaining 17 were found to be 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on 17 facilities. One facility fell below 100 percent compliance.		

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VI. Medical Director's Updates (Cont.)	Four inpatient mental health facilities were audited with respect to compelled medications. 50 instances of compelled psychoactive medication administration occurred. Montford, Skyview, and Clements were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. The Jester IV unit briefly fell below compliance, but quickly resolved all issues bringing all four facilities to 100 percent compliance. There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 15 facilities that met or exceeded 80 percent compliance. Dr. Linthicum added the OMHM&L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. Eight offenders were reviewed and seven were allowed to participate.		
o Office of Health Services & Liaison	The Office of Health Services Liaison (HSL) conducted 153 hospital and 65 infirmary discharge audits. UTMB had eight deficiencies identified and TTUHSC had three deficiencies identified for the hospital discharge audits. UTMB had one deficiency identified and TTUHSC had two deficiencies for the infirmary discharge audits.		
o Accreditation	Dr. Linthicum reported that there were 11 units reaccredited by the American Correctional Association (ACA).		
o Biomedical Research Projects	Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.		
		Dr. Sherwood inquired if it was required for offenders over the age of 50 to receive annual physicals, stating that if the answer is yes, this is a higher standard than offered to those in the free world. Dr. Linthicum responded that the TDCJ patterns	

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VI. Medical Director's Updates (Cont.)		themselves after the requirements of the United States Public Health Service Guidelines and it is age 50 that offenders receive annual physical examinations. However there have been recent updates and the new guidelines are currently being studied by UTMB and TDCJ representatives. It has already been noticed that the time lines have been extended out more than annually for physicals, therefore policies will also be updated. Historically the TDCJ has always followed the United States Public Health Service Guidelines which are also followed by the Federal Bureau of Prisons. Dr. Raimer added that in a correctional setting, it is assumed an individual is about 10 years older than their chronological age. This would be comparing the standard to around 60 to 65 years of age.	
• Texas Tech University Health Sciences Center - Denise DeShields, MD	Dr. de la Garza-Grahm thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC. Dr. DeShields reported on the Texas Tech University Health Sciences Center (TTUHSC) Correctional Managed Care (CMC) activities and advised that the Clements Unit Medical Director's position had been filled effective March 9, 2015. Dr. DeShields further reported that the Smith Unit Medical Director's position had been vacant since July of 2012 and was currently being filled by locum tenens. Recruitment has been difficult due to the geographical location. TTUHSC CMC will continue to aggressively advertise in local, regional and national publications and social media. Dr. de la Garza-Grahm thanked Dr. DeShields and called on Dr. Owen Murray to present the report for UTMB.		
• University of Texas Medical Branch - Owen Murray, DO	Dr. Murray presented the University of Texas Medical Branch (UTMB) Correctional Managed Care CMC Medical Director's Report.		

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VI. Medical Director's Updates (Coot.)	Dr. Murray further reported that UTMB is exploring ideas to provide attractive employment options without increasing salaries. Dr. de la Garza-Grahm then called on Dr. Stephanie Zepeda, Director of Central Pharmacy, UTMB and Co-Chair, Joint Hepatitis C Working Group.		
VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates - Stephanie Zepeda, Pharm.D.	Dr. Zepeda began by informing the committee of proposed changes to CMHC Policy B-14.13.3 "Hepatitis C" and explained that the modifications were prompted by the change in the National Hepatitis C Treatment Guidelines. **Dr.** Zepeda explained that representatives from TDCJ, TTUHSC, and UTMB make up the Joint Hepatitis C, Infection Control, and Pharmacy and Therapeutics Committees. Before changes are made to the policies, they are first reviewed by these committees and then approved by the vote of the committees. Dr. Zepeda reported on new drug approvals and those that are no longer recommended for use. The new therapies represent a significant advancement in treatment and have shown an overall response rate of 95% or higher and in some cases have allowed shorter treatment durations and patients have shown better tolerability with these new drug treatments. It is estimated that 2.7 to 3.9 million people live with Chronic Hepatitis C in the United States and there is an even higher burden in U.S. prisons which increases with increasing age. TDCJ prevalence of Hepatitis C is currently estimated at about 12.3% compared to the U.S. population of 1.5%. The American Association for the Study of Liver Diseases (AASLD) predicts estimated medical cost to double in the next 20 years and death rates to triple in the next I0 to 20 years due to the aging Hepatitis C infected prison population, so screening criteria within the agency has been increased to include baby boomers because they are more likely to have Chronic Hepatitis C compared to the younger pattern of offenders. Hepatitis C is the 3rd		

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VII. **Correctional Managed Health Care Hepatitis C and IDV Infection Policy Program Updates (Cont.)**	leading cause of death in state prisons countrywide and an increase in deaths has been seen due to liver cancer. Dr. Zepeda further reported since 2009 end stage liver disease has continued to rise within offender patients and that most patients this is seen in do have Chronic Hepatitis C, which increase the risk of developing cirrhosis, end stage liver disease, liver cancer, or will require a liver transplant. Dr. Zepeda explained that Aspartate Platelet Ratio Index (APRI) Score is a noninvasive series of blood test used to determine the risk of fibrosis or degree of fibrosis in offender patients without having to perform a liver biopsy. Dr. Zepeda reported that cost over the last 5 years to treat Hepatitis C has continued to rise. In FY 2014 cost for treatment represented about 6% of the total drug budget or $2.4 million dollars. Studies have shown that treatment of the disease has not only in some cases provided cure but can also prevent progression and development of other diseases such as Hepatocellular Carcinoma (HCC) and death which leads to long term cost savings.	Dr. Berenzweig inquired as to how patients with bridging fibrosis or cirrhosis are identified. Dr. Zepeda responded that an evaluation is done by the virology team on all patients who have been diagnosed with Hepatitis C. If a patients APRI score 1s at 0.7 or higher it can be determined they are at the point of fibrosis. Dr. de Ia Garza-Grahm asked how it could be justified that better cures are being seen when studies predict a dramatic increase in mortality. Dr. Zepeda responded that study has demonstrated cure does decrease the number of deaths and provide long term savings. However one of the challenges are that these treatments are new therapies and there has been some controversy in the community and across the nation about implementing the new therapies. A wide spread adoption has not been seen as of yet unless the patient has use of private insurance.	

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VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)	The National Reentry Resource Center also reported that at least 95% of state prisoners are released back in to their communities. In FY 2014, a little over 70,500 offender patients were released from TDCJ back into the community so the treatment of Hepatitis C may protect the general community and spread of the disease. Dr. Zepeda referred to the drug therapies that would no longer be used based on the same changes as the National Guidelines, and advised that as a cost saving mechanism it has been recommended that Hepatitis C patients only be treated by UTMB to maximize the 340B price savings. Treating 100 patients in the UTMB sector with the benefit of the 340B program would cost around $3.3 million compared to approximately $8.8 million if treatment is administered in the TIUHSC sector.	Dr. Zepeda also explained that once a patient has cirrhosis, generally reversal of the disease will not be seen and also advised the committee that the reported data was preliminary and published approximately a year prior to the new drug approvals. Mr. McCombs asked if it could be explained as to why TTUHSC's cost to treat patients was so much higher compared to what it would cost to treat them at UTMB. Dr. Jumper commented that TTUSHC does not own it's on hospital so they are not eligible to receive 340B pricing. Dr. Zepeda responded that the 340B Program is a Federal Discounted Drug Program and there are only certain types of hospitals that qualify. Dr. Linthicum asked if an estimate could be given on the cost savings that had been seen by the state with the use of the 340B Program. Dr. Zepeda responded since approval was gained for use of the 340B Program, the Agency has seen a savings of$383 million.	

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VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)	Dr. Zepeda reported that patient caseloads were being managed by the Virology Hepatitis C . Virus (HCV) Treatment Team and that 40 patients have been scheduled to start therapy by the end of the fiscal year and at least 20 patients would complete therapy by the end of the fiscal year. Cost for these treatments for FY 2015 are estimated at $992,250 for a twelve week treatment of patients having only genotype I assuming UTMB will provide the treatment to the patients taking advantage of the 340B Program. With the adoption of this policy, joint multi-disciplinary working groups would be appointed to ensure staff received appropriate training, monitor patients, and collect data including cost and outcome data to ensure the program is having a positive impact. Dr. Zepeda briefly shared with the committee future consideration of implementing universal testing ofHepatitis C for all patients received into TDCJ . This would help to identify those who need to be treated and give an opportunity to educate on methods to reduce transmission. Laboratory cost to implement these screenings are estimated at about $1 million per year. A new technology called FibroScan may be a more economical option. Data received on the tool has been good, but the tool is not able to be supplied at this time.	Mr. McCombs inquired if federal rules required a hospital to be a full trauma care hospital to qualify for the 340B pricing . Dr. Zepeda responded that the requirements are very explicit in the statute. Hospitals that are referred to as disproportionate share hospitals, which is what UTMB is, but UTMB must still demonstrate to Centers for Medicare and Medicaid (CMS) that a certain percentage of indigent care is being provided and the percentage threshold must be met to continue to qualify as a disproportionate share hospital. Dr. Raimer commented that the hospital must also own the medical record of the patients, has	

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VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)		to have physicians employed by the hospital and be the source of primary care. A certain percentage of indigent patients that are being seen must meet specific criteria as well as a certain number of Medicaid patients. Mr. McCombs asked Dr. Linthicum if it would be possible to give an estimate on the amount of money that is being spent on patient testing in terms of Hepatitis B, or C. Dr. Linthicum responded that diagnostic testing administered is so pervasive that there is really no way to determine this. Blood samples are drawn at intake and tested for several different diseases. Mr. McCombs inquired if tests that are given are contracted out. Dr. Linthicum replied, yes.	
	Dr. de la Garza-Grahm asked for approval of the Hepatitis C Policy change recommendations as there were no further comments or questions. Dr. de la Garza-Grahm asked Dr. Zepeda to begin the HIV Infection Control Policy Program Updates. Dr. Zepeda began by informing the committee of proposed changes to CMHC Policy B-14.11 Human Immunodeficiency Virus (HIV) and explained that the modifications were prompted due to change in the National Guidelines published by Health and Human Services. Dr. Zepeda shared with the committee that all proposed policy changes must first go before the Joint Infection Control and Joint Pharmacy and Therapeutics Committees for approval, and that these committees consist of representatives from TDCJ, TTUHSC, and UTMB. Dr. Zepeda reported on recommended policy changes. It is		Dr. Raimer made a motion to approve the Hepatitis C Policy and Dr. Sherwood seconded the motion which prevailed unanimously.

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VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)	recommended that all patients regardless of CD4 coWlt, like the National Guidelines, decrease the frequency of obtaining lab test every 3 to 6 months to being tested at 6 months only. Antiretroviral Therapy has been recommended for all HIV positive patients to help preserve immWle function, reduce the risk of disease progression, morbidity, and mortality and prevent transmission. Drug references were also updated to include new agents approved since the latest revision. Dr. Zepeda reported that the HIV Western blot is no longer recommended for the diagnosis of HIV and that a series of new tests have been implemented providing faster tumaroWld time and is equally as accurate in identifying HIV-1 and HIV-2 diagnoses. HIV drug cost for FY 2014 was roughly 44% or $17.9 million of the total drug budget. Dr. Zepeda explained that there was a significant decrease in cost shown in HIV drug cost because some of the drugs used to treat HIV had become available in generic so a formulary update was made and generic components were utilized rather than combination products. A six month follow-up was done after formulary changes were made and no negative difference was shown in patient outcomes after the switch to the generic drugs. UTMB is in the process of a two year study follow-up and this data should be ready in the next two to three months. Dr. Zepeda explained that intensive education was done during the HIV drug switch and she feels that patients who receive intensive education show greater compliance. Dr. Zepeda reported that patient caseloads were pulled in November of2014 and it was determined that 433 patients were not on treatment therapy because they did not previously meet the CD4 cut off point for initial treatment. All patients are now being recommended for treatment so it is estimated that instead of an annual cost of $17.9 million spent cost, would increase to approximately $22.2 million. This is roughly a 24% or $4.3 million increase on an annual basis.		

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VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)	Dr. Zepeda concluded by announcing that the next step would be the adoption of the policy changes by the committee. Dr. de la Garza-Grahm asked for approval of the HIV Policy change recommendations as there were no further comments or questions.		Dr. Berenzweig made a motion to approve the HIV Policy Updates and Dr. Raimer seconded the motion which prevailed unanimously.
IX. Public Comments	Dr. de la Garza-Grahm thanked Dr. Zepeda, and with no further questions, proceeded with the announcement of the acceptance of registered public comments.		
X. Adjourn	Dr. de la Garza-Grahm noted in accordance of the CMHCC's policy, during each meeting the public is given the opportunity to express comments. No one signed up to express public comment. Dr. de la Garza-Grahm thanked everyone for attendance and adjourned the meeting at 2:40p.m.		

Margarita de la Garza-Grahm, M.D., Chairperson
Correctional Managed Health Care Committee

Date: 9-22-15